PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY

PROVIDENT CLAIM OFFICE
P. O. BOX 182524
CHATTANOOGA, TN 37422-7524

OPERATION LOCATION NUMBER:
09371 1 9001902

RE: CHARLIE SHEPHARD

CHARLIE SHEPHARD
P. O. BOX 521
ONTARIO, CA 91762-8521216

CLAIM TYPE: DENTAL

REFERENCE NUMBER: 0249400325854

ID NUMBER: 251-54-2754

DATE PROCESSED: 03/28/94

SERVICE DATE: 022494-022494

PATIENT-NAME: ANGELA SHEPHARD

RELATIONSHIP: CHILD

PLAN NAME: LOS ANGELES COUNTY EMPS RETIREMENT

THIS IS THE SECOND REQUEST FOR THE FOLLOWING INFORMATION.
IF YOU HAVE ALREADY RESPONDED, PLEASE DISREGARD THIS LETTER.

IN ORDER TO DETERMINE ELIGIBILITY UNDER THE GROUP INSURANCE PLAN NAMED ABOVE. WE MUST HAVE INFORMATION FROM YOUR CHILD'S SCHOOL. PLEASE HAVE YOUR CHILD SIGN THIS FORM IN THE SPACE INDICATED BELOW AND TAKE IT TO THE SCHOOL'S RECORD OFFICE FOR COMPLETION. (PLEASE NOTE, IF YOUR CHILD IS UNDER THE AGE OF EIGHTEEN, WE WILL NEED THE PARENT OR GUARDIAN'S SIGNATURE AS WELL.)

SINCERELY,
PROVIDENT
GROUP CLAIM SERVICE

I HEREBY AUTHORIZE THE RELEASE TO AND USE BY PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY, ANY STUDENT INFORMATION NEEDED TO PROCESS BY CLAIM(S).

STUDENT ID#086463

STUDENT OR SOCIAL SECURITY NUMBER

ANGELA SHEPHARD

SIGNATURE OF STUDENT

4/25/94

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE

THIS SECTION TO BE COMPLETED BY AN AUTHORIZED SCHOOL REPRESENTATIVE.

DEAR DEAN OF RECORDS:

PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION FOR THE ABOVE IDENTIFIED STUDENT. FOR FUTURE REFERENCE, PLEASE MAINTAIN A COPY OF THIS AUTHORIZATION IN YOUR FILE.

HOW MANY UNITS QUALIFY A STUDENT AS FULL-TIME? 12.0

OR WAS THE ABOVE STUDENT A FULL-TIME STUDENT? YES

YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

SEMESTER/YEAR: FALL 1993/SPR. 1994

INCLUSIVE DATES: 08/23/93-05/13/94

UNITS ENROLLED: 14.0

UNITS COMPLETED: 46.0

IS THE STUDENT ENROLLED FOR THE NEXT TERM? NO

MT1-PRW
L#100-000 022494 004113 E

FISCAL YEAR 93 - 94
HOWARD UNIVERSITY PAGE 01 OF
OFFICE OF THE BURSAR
STATEMENT OF ACCOUNT FOR PERIOD ENDING 9/02/93

ID NUMBER: 086463
STUDENT NAME: SHEPHARD, ANGELA
SCHOOL: SN
CLASS: 2

BALANCE AT BEGINNING DATE 063093 - 826.00CR

DATE	TRANS/DESCRIPTION	AMOUNT	SEM/YR
07/02/93	ROOM RENT		SU 93
08/24/93	TUITION		FA 93
08/24/93	ENDOWMENT FEE		FA 93
08/24/93	SELF HELP FEE		FA 93
08/24/93	MATRICULATION FEE		FA 93
08/24/93	ROOM RENT		FA 93
08/24/93	CASH RECEIPT		FA 93
	CURRENT BALANCE	**$1,833.71**	

NOTE: THIS STATEMENT REPRESENTS YOUR BALANCE PER THE ABOVE DATES. ANY QUESTIONS SHOULD BE FORWARDED TO THE OFFICE OF STUDENT ACCOUNTS.

FISCAL YEAR 91 - 92 HOWARD UNIVERSITY

PAGE 01 OF 04
OFFICE OF THE BURSAR
STATEMENT OF ACCOUNT FOR PERIOD ENDING 06/30/92

ID NUMBER: 086463
STUDENT NAME: SHEPHARD, ANGELA
SCHOOL: SN
CLASS: 1

BALANCE AT BEGINNING DATE 06/30/91 - 0.00

DATE	TRANS/DESCRIPTION	AMOUNT	SEM/YR
08/18/91	CASH RECEIPT		FA 91
09/20/91	TUITION		FA 91
09/20/91	ENDOWMENT FEE		FA 91
09/20/91	SELF HELP FEE		FA 91
09/20/91	STUDENT ACTIVITY FEE		FA 91
09/20/91	MATRICULATION FEE		FA 91
09/20/91	HEALTH INSURANCE FEE		FA 91
09/20/91	LATE REGIST. FEE		FA 91
09/27/91	ROOM RENT		FA 91
10/03/91	MEAL PLAN		FA 91
10/03/91	DEFERRED PAYMENT FEE		FA 91
10/25/91	LATE REGIST. FEE		FA 91

FISCAL YEAR 91 - 92

HOWARD UNIVERSITY **PAGE 02 OF 04**
OFFICE OF THE BURSAR
STATEMENT OF ACCOUNT FOR PERIOD ENDING 06/30/93

ID NUMBER: 086463
STUDENT NAME: SHEPHARD, ANGELA
SCHOOL: SN
CLASS: 1

BALANCE AT BEGINNING DATE 06/30/91 - 0.00